

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

FILED NO.
10/574,730
APPLICANT(A)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59	/					
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14	/						64						
15		/					65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
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37	/						87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.			↓		↓		TOTAL IND.	9	↓		↓		↓
TOTAL DEP.			←		←		TOTAL DEP.	50	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	59					